



# CONTACT INFORMATION FORM SERVICE PROGRAMS IN NJ SCHOOLS



Name of School: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Position/Title (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

Type of School:

\_\_\_\_\_ Public \_\_\_\_\_ Charter \_\_\_\_\_ Private \_\_\_\_\_ Parochial \_\_\_\_\_ Other (please describe)

Grade Levels of School: \_\_\_\_\_

Description of Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Number of Students Participating in Service Projects: \_\_\_\_\_

Estimated Number of School Personnel Participating in Service Projects: \_\_\_\_\_

Estimated Number of Parents/Community Members Assisting in Service Projects: \_\_\_\_\_

**Would you like to be included in a community service/service-learning data base for information sharing?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Please return completed form to:  
NJ Learn and Serve America Program  
100 River View Plaza, P.O. Box 500  
Trenton, NJ 08625-0500

*Thank you for completing this form!*